

Health Inequalities Scrutiny Review

Obesity: BMI > 50

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& Kate Green, Scrutiny Officer

Overview

- Part of a project with the Centre for Public Scrutiny (CfPS)
- Funded by the Department of Health to look at the rate of return on investment of Scrutiny i.e. what is the value of Scrutiny?
- Rotherham's review looked at the quality of life and services provided for people with a BMI over 50

Review question:

How can we improve coordination between services so as to improve the quality of life and care of people with a BMI>50 and who are housebound and unable to get out of their home unaided, and what would be the 'Return on Investment' of service coordination and improving their quality of life and care?

What we did?

- Review group of 4 elected members and 1 scrutiny co-optee
- Expert Advisor from the CfPS providing up to 5 days support
- A 2 hr Stakeholder session to help scope the review and gather information from professionals
- Interviews with professionals
- Interview with 1 individual within the community
- Questionnaires gathering information from professionals

What we found out...

- Total number of individuals in this 'cohort' is unknown
- There is a varied degree of coordination between services and organisations
- Individuals are often only found out about in an emergency situation
- Information and data is difficult to share, but would be a huge benefit to ambulance/fire service etc
- No data sharing protocol specific to this group
- Individuals often cannot be discharged from hospital due to inappropriate access/equipment at home – resulting in increased bed days
- Awareness of these issues is good across agencies, but services are not centrally coordinated
- Professionals may not always be aware of the range of services on offer locally, which would be of benefit to individuals

Recommendations

Divided into 3 main themes:

1. Service Improvement

2. Securing Commitment

3. Prevention

1. Service Improvement

Main recommendation: To establish a negotiation session between relevant strategic officers/organisations to create an action plan to implement the recommendations of the review, including timescales, lead roles and reporting mechanisms and to report back to the Health Select Commission.

4 objectives for this group to consider:

- a) Develop a one-page tick-box form to obtain consent from individuals to share information and ensure professionals receive appropriate training on how to use this
- b) Develop protocols for joint working and local data-sharing specific to this group of people
- c) Briefings for professionals to raise awareness of the range of services available locally for this target group of people
- d) Consider options for centrally coordinating this agenda, either through an appropriate central coordinator post or central database/ or way of sharing information

2. Securing Commitment

- To recommend that Cabinet and the Health and Wellbeing Board takes a lead in securing commitment to action on the recommendations and receive monitoring of implementation reports through an appropriate forum, for example; the NHSR led obesity group
- Report to go to Improving Lives to raise awareness across other agendas

3. Prevention

- To agree a joined-up approach to tackling obesity in Rotherham through the Health and Wellbeing Board, acknowledging that treatment and prevention need to work together (i.e. treatment of overweight, should be seen as bariatric ‘prevention’) and ensuring this features as a high priority in the joint Health and Wellbeing Strategy

Next Steps

- Discuss and agree recommendations today
- Final report to be presented to Select Commission in March
- Once approved by Cabinet, to be taken to the Health and Wellbeing Board